



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1281

<b>SERIAL NUMBER</b> 10/081,695	<b>FILING OR 371(c) DATE</b> 02/22/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1917
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**

James F. McGuckin JR., Radnor, PA;  
 Stephan A. DeFonzo, Wayne, PA;  
 Alim S. Alli, North Haven, CT;  
 Peter W.J. Hinchliffe, Downingtown, PA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/348,301 11/07/2001  
 and claims benefit of 60/272,119 02/28/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/20/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Neil D. Gershon  
 Rex Medical  
 1011 High Ridge Rd.  
 Stamford ,CT 06905

**TITLE**

APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

<b>FILING FEE RECEIVED</b> 844	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	---